



000442

PATENT

6/A
10/29/03
DS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:
Terasawa, et al.

**For: METHOD AND APPARATUS FOR
PROCESSING A PHYSICAL CHANNEL
WITH PARTIAL TRANSPORT FORMAT
INFORMATION**

Serial No.: 09/655,609

Filed: September 6, 2000

Group Art Unit: 2661

AMENDMENT

Commissioner of Patents
Alexandria, VA 22313

Attention: Brian Nguyen
Examiner

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OCT 22 2003

Technology Center 2600

Dear Sir:

In response to the Office Action dated July 16, 2003, please consider the following amendments and remarks in conjunction with the above-identified application:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313, on:

October 16, 2003

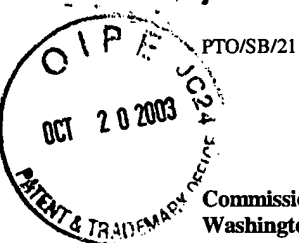
(Date of Deposit)

Victoria J. Pacey

(Name of Person Making Deposit)

(Signature)

2661



PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
Washington, D.C. 20231

Attorney Docket No.: 000442
In Re Application of: Terasawa, et al.
Serial Number: 09/655,609
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Examiner: Brian Nguyen
Group Art Unit: 2661

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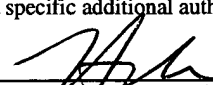
Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above-identified application.

1. ☐ A Request for a () Month Extension of Time is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations (number of citations:)
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	19	24	0	x \$18 =	\$0.00
Independent**	2	4	0	x \$86 =	\$0.00
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$270	\$
EXTENSION FEES			<input type="checkbox"/> One Month	\$110	\$0.00
			<input type="checkbox"/> Two Months	\$420	\$
			<input type="checkbox"/> Three Months	\$950	\$
INFORMATION DISCLOSURE STATEMENT			<input type="checkbox"/> After First Office Action	\$240	\$
			<input type="checkbox"/> After Final Office Action	\$130	\$
REQUEST FOR CONTINUED EXAMINATION				\$740	\$
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.				TOTAL FEE	\$0.00

5. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. ☐ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: October 16, 2003Signature: 

Howard Geo, Reg. No. 43,106
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